

State of Hawaii
Department of Human Services
Social Services Division

Addendum No. 1

April 24, 2015

to

Request for Proposals (RFP)

SSD-15-POS-1050

ON-CALL SHELTER SERVICES

STATEWIDE

RFP Posting Date: April 14, 2015

RFP Proposal Submission Deadline:
May 13, 2015, 4:30 p.m.
Hawaii Standard Time

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REQUEST FOR PROPOSALS (RFP)

SSD-15-POS-1050

ON-CALL SHELTER SERVICES

The Department of Human Services, Social Services Division, Child Welfare Services Branch is issuing this Addendum to add additional information and correct/revise the RFP as detailed below.

If you have any questions please contact:

Kenwyn Kaahaaina, POS Specialist
(808) 586-5706
kkaahaaina@dhs.hawaii.gov

1. 2.1, D. Description of the target population to be served (Page 2-2)

The second sentence was revised and a third sentence was added as follows:

On a case-by-case basis, with written DHS approval, children younger than 12 years of age may be placed with a Provider in shelter resource homes. Per HRS, children younger than 12 years of age may only be placed in shelter resource homes, not shelter group homes, as the facility requirements (e.g. building codes and fire codes) for younger children are different than those for older children.

2. 2.4, A., 5. Dispute/conflict resolution (Page 2-9)

This section was added as follows:

The Provider shall have in place dispute/conflict resolution procedures to address potential disagreements between children and families, as applicable, and the Provider as well as agencies such as schools, community providers, and other resources and the Provider. The Provider may need to consult with the social worker when such conflicts/disputes arise.

The second sentence was revised as follows:

The Provider shall summarize its annual projected program and personnel expenditures as well as report the actual expenditures of contract funds during the reporting period for which an invoice will be submitted.

A sentence was added to the end of the same paragraph as follows:

Expenditures reported in the Expenditure Report shall be subject to review by the DHS, such as a review of all applicable receipts, to verify the amounts and the appropriateness of the reported expenditures.

4. 2.4, B., 8. Output and performance and outcome measurements (Pages 2-13 – 2-14)

The Performance Measurement Forms A, B, and C referred to in this paragraph were posted as an attachment to this Addendum #1 (Pages 2-19 – 2-21).

5. 2.4, C. Facilities (Page 2-15)

The second sentence was revised as follows:

This shall include both shelter (shelter resource homes and shelter group homes) and administrative facilities; these may be housed in the same building.

6. 2.5, 1. Units of service and 2.5, 2. Method of compensation and payment were re-numbered as **2.5, A.** and **2.5, B.** (Page 2-17)

7. 2.5, B. Method of compensation and payment (Page 2-17)

An additional paragraph, which became the third paragraph, was added as follows:

The base cost shall provide funding to assist in financially supporting the Provider's 24-hour/day, 365 days/year accessibility for placement of children. The base cost shall cover fixed costs such as, but not limited to, space lease/rental, utilities, telecommunication, motor vehicle lease/rental, and such staff salaries as are necessary for the emergency placement of children.

8. 3.4 Service Delivery (Page 3-4)

The Work Plan referred to in this paragraph was posted as an attachment to this Addendum #1 (Pages 5-55 – 5-59).

FORM A - PEOPLE TO BE SERVED

ORGANIZATION: _____

SERVICE: ON-CALL SHELTER SERVICES

GEOGRAPHIC AREA: _____

PEOPLE TO BE SERVED	ANNUAL PERIOD	
	FY <u>15</u>	FY <u>16</u>
1. Total # of children provided services in group homes.		
2. Total # of children provided services in resource homes.		
a. # of children 0 – 2 years of age.		
b. # of children 3 – 5 years of age.		
c. # of children 6 – 11 years of age.		
d. # of children 12 – 17 years of age.		
3. Total # of children requiring additional Difficulty of Care (DOC)/one-on-one supervision in group homes.		
a. # of DOC children the Provider billed the CWS unit for.		
b. # of DOC children fully covered by the contract because the DOC child was the only child in the Provider's care during the child's placement.		
4. # of children provided services with Limited English Proficiency (LEP).		
5. # of children provided services with physical limitations.		
6. # of children not provided services due to lack of placement availability.		

FORM B – SERVICE ACTIVITIES

ORGANIZATION: _____

PROGRAM: ON-CALL SHELTER SERVICES

GEOGRAPHIC AREA: _____

SERVICE ACTIVITIES	ANNUAL PERIOD	
	FY <u>15</u>	FY <u>16</u>
1. # of shelter days provided for children in group homes.		
2. # of shelter days provided for children in resource homes.		
3. # of DOC/one-on-one supervision days provided for children in group homes.		
4. # of children provided the following Assessment, Support, and Counseling Services:		
a. Feedback/progress reports submitted to the DHS on the objectives/goals of children's individual plans.		
b. Short-term counseling.		
c. Service coordination (e.g. with schools, community providers, and other resources).		
d. Coordination and support of family visits.		

FORM C - OUTCOMES

ORGANIZATION: _____

SERVICE: ON-CALL SHELTER SERVICES

GEOGRAPHIC AREA: _____

OUTCOMES	ANNUAL PERIOD	
	FY <u>15</u>	FY <u>16</u>
1. % of children referred and accepted for shelter placement.	95%	
2. % of children returned home within 30 days of shelter placement.	25%	
3. % of children placed with relatives within 30 days of shelter placement.	40%	
4. % of children placed with non-relatives within 30 days of shelter placement.	20%	
5. % of children in shelter placement over 30 days.	20%	
6. % of children placed with relatives after 30 days but before 60 days of shelter placement.	10%	
7. % of children placed with non-relatives after 30 days but before 60 days of shelter placement.	10%	
8. % of children in shelter placement over 60 days.	5%	
9. % of runaway children after shelter placement.	5%	

WORK PLAN INSTRUCTIONS

The Work Plan shall be a comprehensive guide to services provided by the Applicant's program. It shall describe not only *what* services will be offered but *how* those services will be provided.

In the following table the Applicant shall complete Columns B, C, and D as related to the Service Activities and Program Requirements listed in Column A. Column B shall detail how the Activities and Requirements in Column A will be met. The title or position of responsible staff in Column C shall be consistent with the position titles used elsewhere in the proposal, such as in the Organization-wide and Program Specific Charts and the section on Staffing. For direct services staff specified in Column C, the Applicant shall indicate back-up staff to cover for the responsible staff. Column D pertains to the timeline or schedule for completing specific service activities or tasks not to when policies and procedures will be developed or implemented.

The Applicant may add other service activities to Column A but shall not remove any listed Activities or Requirements. If the Applicant adds other service activities, the Applicant shall also complete Columns B, C, and D accordingly.

The Applicant shall assure that service activities will be provided in a manner consistent with the CWS guiding principles detailed in 2.1, C., Section 2 of this RFP.

See Section 2 of this RFP for further information regarding the specific required service activities and tasks.

NOTE: A narrative format may be used instead of the table format below as long as specific tasks, responsible staff, and timeline or schedule are addressed for each Activity and Requirement listed in Column A

WORK PLAN

Service Name: On-Call Shelter Services

RFP #: SSD-15-POS-1050

Agency: _____

SERVICE ACTIVITIES AND PROGRAM REQUIREMENTS	SPECIFIC TASKS	TITLE OF RESPONSIBLE STAFF & BACK-UP STAFF	TIMELINE/SCHEDULE
Trauma-informed care shall be provided.			
Flexible service provision shall be provided to children and families, as applicable, so as to best meet their specific needs.			
Basic sanctuary services 1) A safe, clean, welcoming, nurturing environment. 2) Nutritious, well-balanced meals. 3) Adequate living and sleeping accommodations. 4) Appropriate client medication storage. 5) Transportation for urgent medical and dental care and other appointments. 6) Activities to promote placement stability and encourage			

SERVICE ACTIVITIES AND PROGRAM REQUIREMENTS	SPECIFIC TASKS	TITLE OF RESPONSIBLE STAFF & BACK-UP STAFF	TIMELINE/SCHEDULE
<p>self-esteem and independence including, but not limited to:</p> <ul style="list-style-type: none"> a) Personal hygiene and grooming. b) Development of social skills. c) Leisure and recreation. d) Orientation to community resources. e) Broadening of living experiences. <p>7) Procedures for protection of children from drugs, alcohol, harmful household supplies, poisons, dangerous tools, weapons, and fire hazards.</p>			
<p>Intake and discharge services</p> <ul style="list-style-type: none"> 1) Intake procedures, including how children will be welcomed and intake tools to be utilized. 2) Services to children with LEP or physical limitations. 3) Assistance to the DHS with children's transitions to more stable placements. 4) Discharge procedures, including what will be done in the event a child runs away. 			

SERVICE ACTIVITIES AND PROGRAM REQUIREMENTS	SPECIFIC TASKS	TITLE OF RESPONSIBLE STAFF & BACK-UP STAFF	TIMELINE/SCHEDULE
<p>Assessment, support, and counseling services</p> <p>1) Assistance to the DHS social worker with carrying out the objectives and goals of a child's individual plan, as developed by the worker, and providing feedback and progress reports on the child to the DHS.</p> <p>2) Assessments of children and families, as applicable, which may include evaluative observations and the use of diagnostic tools selected by the Provider or the DHS to assess their developmental, emotional, and/or social conditions. The assessment may be used to assist in the development of the DHS Service Plan.</p> <p>3) Supportive, short-term counseling to children and families, as applicable.</p> <p>4) As arranged with the worker, assistance in coordinating services with related agencies such as schools, community providers, and other resources.</p>			

SERVICE ACTIVITIES AND PROGRAM REQUIREMENTS	SPECIFIC TASKS	TITLE OF RESPONSIBLE STAFF & BACK-UP STAFF	TIMELINE/SCHEDULE
<p>5) As arranged with the worker and with documented approval, assistance in coordinating and supporting family visits.</p> <p>6) The fostering of interactions and environments that promote healthy behaviors and positive development for children and families, as applicable.</p>			
<p>Dispute/conflict resolution procedures to address potential disagreements between children and families, as applicable, and the Provider as well as agencies such as schools, community providers, and other resources and the Provider, including consultation with the social worker, as applicable.</p>			